



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Denys Boyer

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Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67746159
Outpatient Patient Service Revenue	\$32910040
Total Gross Patient Service Revenue	\$100656199

2. Deductions From Revenue

Contractual Allowance	\$66742493
Other Deductions	\$0
Total Deductions	\$66742493

3. Total Operating Revenue

Net Patient Service Revenue	\$33913706
Other Operating Revenue	\$107270
Total Operating Revenue	\$34020976

4. Operating Expenses

Salaries and Wages	\$6573264	Employee Benefits	\$586971
Depreciation and Amortization	\$939484	Interest Expense	\$934311
Bad Debt	\$642427	Other Expenses	\$31672344
Total Operating Expenses	\$41348801		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7327824	Total Assets	\$17320290
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$26032104

Total Net Gains	\$-7327824
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44884580	\$34969639	\$9914941
Medicaid	\$543812	\$399301	\$144511
Other Government	\$3691698	\$3252722	\$438976
Other State	\$0	\$0	\$0
Other Payers	\$51536109	\$28120831	\$23415278
Total	\$100656199	\$66742493	\$33913706

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$20919	\$-20919

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$46097	\$-46097
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$73
Number of Hospital Patients Educated	\$2691
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$220800	\$-220800
Other Allocations	\$0	\$0	\$0

Comments

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